

County: Milwaukee
 MOUNT CARMEL HEALTH & REHABILITATION CENTER
 5700 WEST LAYTON AVENUE
 MILWAUKEE 53220 Phone: (414) 281-7200

Facility ID: 5770

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Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 457
 Total Licensed Bed Capacity (12/31/01): 457
 Number of Residents on 12/31/01: 441

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 433

Nonprofit Limited Liability Company
 Skilled
 No
 Yes
 Yes
 433

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		32.9
Supp. Home Care-Personal Care	No					1 - 4 Years		34.2
Supp. Home Care-Household Services	No	Developmental Disabilities	2.5	Under 65	6.3	More Than 4 Years		32.9
Day Services	No	Mental Illness (Org./Psy)	21.8	65 - 74	14.3			-----
Respite Care	No	Mental Illness (Other)	5.9	75 - 84	38.1			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	35.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.7	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	1.1		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.5		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	12.2	65 & Over	93.7	-----		
Transportation	No	Cerebrovascular	9.3		-----	RNs		5.6
Referral Service	No	Diabetes	10.7	Sex	%	LPNs		11.6
Other Services	No	Respiratory	5.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	31.1	Male	30.4	Aides, & Orderlies		
Mentally Ill	No		-----	Female	69.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	Yes				100.0			

Method of Reimbursement

Table 1: Discharge by Level of Care, Discharge Status, and Payer																				
Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Family Care			Managed Care			Total Residents	% Of All	
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)			
Int. Skilled Care	0	0.0	0	21	6.0	166	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	21	4.8	
Skilled Care	32	100.0	320	290	83.1	149	0	0.0	0	53	100.0	165	6	100.0	149	1	100.0	165	382	
Intermediate	---	---	---	37	10.6	134	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	37	
Limited Care	---	---	---	1	0.3	119	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	
Total	32	100.0		349	100.0		0	0.0		53	100.0		6	100.0		1	100.0	441	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				

Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	15.2	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	0.0	Bathing	7.3	56.0	36.7	441
Other Nursing Homes	5.1	Dressing	20.4	46.0	33.6	441
Acute Care Hospitals	79.5	Transferring	25.9	52.6	21.5	441
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	21.3	41.5	37.2	441
Rehabilitation Hospitals	0.3	Eating	47.8	37.0	15.2	441
Other Locations	0.0	*****				
Total Number of Admissions	395	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	7.9	Receiving Respiratory Care	5.2	
Private Home/No Home Health	23.1	Occ/Freq. Incontinent of Bladder	59.9	Receiving Tracheostomy Care	0.2	
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	52.8	Receiving Suctioning	0.5	
Other Nursing Homes	4.4			Receiving Ostomy Care	2.3	
Acute Care Hospitals	13.2	Mobility		Receiving Tube Feeding	5.2	
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets	30.6	
Rehabilitation Hospitals	0.0					
Other Locations	5.4	Skin Care		Other Resident Characteristics		
Deaths	53.9	With Pressure Sores	5.2	Have Advance Directives	100.0	
Total Number of Discharges		With Rashes	3.9	Medications		
(Including Deaths)	386			Receiving Psychoactive Drugs	60.5	

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 200+ Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.7	88.9	1.07	80.2	1.18	82.7	1.15	84.6	1.12
Current Residents from In-County	92.3	88.1	1.05	83.3	1.11	85.3	1.08	77.0	1.20
Admissions from In-County, Still Residing	32.7	22.9	1.42	27.4	1.19	21.2	1.54	20.8	1.57
Admissions/Average Daily Census	91.2	129.6	0.70	94.3	0.97	148.4	0.61	128.9	0.71
Discharges/Average Daily Census	89.1	133.7	0.67	98.8	0.90	150.4	0.59	130.0	0.69
Discharges To Private Residence/Average Daily Census	20.6	47.6	0.43	31.6	0.65	58.0	0.35	52.8	0.39
Residents Receiving Skilled Care	91.4	90.5	1.01	89.7	1.02	91.7	1.00	85.3	1.07
Residents Aged 65 and Older	93.7	97.0	0.97	90.1	1.04	91.6	1.02	87.5	1.07
Title 19 (Medicaid) Funded Residents	79.1	56.0	1.41	71.6	1.10	64.4	1.23	68.7	1.15
Private Pay Funded Residents	12.0	35.1	0.34	19.1	0.63	23.8	0.51	22.0	0.55
Developmentally Disabled Residents	2.5	0.5	5.11	0.8	2.99	0.9	2.65	7.6	0.33
Mentally Ill Residents	27.7	30.9	0.89	35.4	0.78	32.2	0.86	33.8	0.82
General Medical Service Residents	31.1	27.3	1.14	20.3	1.53	23.2	1.34	19.4	1.60
Impaired ADL (Mean)	52.2	50.3	1.04	51.8	1.01	51.3	1.02	49.3	1.06
Psychological Problems	60.5	52.4	1.16	47.7	1.27	50.5	1.20	51.9	1.17
Nursing Care Required (Mean)	6.6	7.1	0.94	7.3	0.90	7.2	0.92	7.3	0.90